



Financial Worksheet

Please fill out the form below. Begin with your income and available cash, followed by monthly expenses. For non-applicable items, leave them blank or enter "0".

Monthly Income	Monthly Amount
Gross Salary	
Overtime	
Spouse's Gross Salary	
Commissions/Tips	
Bonuses	
Interest/Dividends	
SSI Survivor/Child	
Disability	
Pension/Retirement	
Rental Income	
Other Income	
Monthly Total Gross Income:	

Available Cash	
Checking	
Savings	
401K	
Total Cash Available:	

Total Gross Income:	
Total Expenses:	
Difference:	

Monthly Expenses	Monthly Payment	Remaining Balance	% of Income
Mortgage/Rent			
Property Taxes			
Homeowners/Renters Insurance			
Association Fees			
Other Mortgages/Rent			
Electricity			
Natural Gas			
Water/Sewer			
Garbage			
Cable TV/Telephone/Internet			
Auto Loan(s)			
Auto Insurance			
Gasoline			
Cell Phone			
Credit Cards			
Other Loan:			
Other Loan:			
Alarm Company			
Health Insurance (Out of Pocket)			
Life Insurance (Out of Pocket)			
Taxes (Out of Pocket)			
Donations			
Dues/Memberships			
Medical Bills			
Prescription Medications			
Child Care			
Alimony/Child Support			
Tuition/Student Loans			
Groceries/Personal Care Items			
Eating Out/Entertainment			
Dry Cleaning			
Other:			
Other:			
Total Expenses & Balances:			